

GRIEVANCE REPORT
Southern University at New Orleans
Vice Chancellor for Academic Affairs

NAME OF GRIEVANT: _____ ID #: _____

Email Address _____ Phone: _____

STATUS: (Student, Faculty, Staff) _____ DATE: _____

When is the best time to contact you regarding grievance? _____

Cite section of the Student Handbook, Faculty Handbook and/or any other university policy or procedure violated:

State the nature of the grievance:
(Use additional paper if necessary) _____

RESULT OF DISCUSSION OF GRIEVANCE:

• Instructor: _____

Signature of Instructor _____ Date _____

• Unit Head (Chair, Director or Supervisor): _____

Signature of Chair, Director or Supervisor _____ Date _____

• College Dean: _____

Signature of Dean _____ Date _____

• Vice Chancellor for Academic Affairs: _____

Signature of Vice Chancellor for Academic Affairs _____ Date _____